

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Continuation-In-Part
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS AND APPARATUS FOR DELIVERY OF OCULAR IMPLANTS
Attorney Docket Number::	440882000820
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	David A.
Family Name::	WEBER
City of Residence::	Danville
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	12 Estralla Place
City of mailing address::	Danville
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94526
Applicant Authority Type::	Inventor

Primary Citizenship Country:: Czech Republic
Status:: Full Capacity
Given Name:: Ingrid
Family Name:: KANE
City of Residence:: Los Altos
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1709 Newcastle Drive
City of mailing address:: Los Altos
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mike
Family Name:: REHAL
City of Residence:: Boulder Creek
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 440 Midway Ranch Road
City of mailing address:: Boulder Creek
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95006

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: L.
Family Name:: LATHROP
Name Suffix:: III

City of Residence:: Santa Clara
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 2345 Benton Street
City of mailing address:: Santa Clara
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kenny
Family Name:: APTEKAREV
City of Residence:: Santa Cruz
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 151 Eaton Street
City of mailing address:: Santa Cruz
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeffrey
Family Name:: ETTER
City of Residence:: Hayward
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1182 Silver Maple Lane
City of mailing address:: Hayward
State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94544

Correspondence Information

Correspondence Customer Number:: 20872

Representative Information

Representative Customer Number:: 20872

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Not Yet Assigned	Continuation-In-Part	10/246,884	September 18, 2002

Application No.	Date of Filing	Priority Claimed?
60/486,690	July 11, 2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
60/495,570	August 15, 2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No